

**Comments on *The Path to Transformation*, the concept paper for a Section 1115b Medicaid Waiver  
From the Illinois Public Health Association  
The Illinois Association of Public Health Administrators and  
The Northern Illinois Public Health Consortium**

**November 25, 2013**

The Illinois Public Health Association, the Illinois Association of Public Health Administrators and the Northern Illinois Public Health Consortium wish to express our interest in and support for many of the concepts presented in *The Path to Transformation* concept paper.

The Illinois Public Health Association is Illinois' oldest and largest professional association devoted exclusively to matters of public health. The association has more than 7,000 members who are engaged in public health practice in local health departments, community health centers, hospitals, universities and other settings.

For more than 35 years, the Illinois Association of Public Health Administrators (IAPHA) has been the voice of local health departments in Illinois. It represents 84 of Illinois' 96 certified health departments; these health departments serve 91 of the state's 102 counties. IAPHA's mission is to provide, promote, and protect services that are critical to the health and safety of Illinoisans. This is accomplished through policy, legislative, and educational activities that support local public health agencies and promote public health.

The Northern Illinois Public Health Consortium is a membership organization of the public health departments that serve the City of Chicago, Village of Skokie, and Counties of Cook, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will, and Winnebago. The mission of NIPHC is to promote and protect the health of the region through networking and collaborative action that raises public awareness, builds constituency, and influences legislation and policies concerning public health issues affecting northern Illinois.

We offer the following recommendations in order to strengthen the paper and see the reform effort achieve its full potential.

The concept paper should formally recognize and explicitly incorporate Illinois' state and local governmental public health system. Whereas the Alliance for Health and the draft State Health Care Improvement Plan included representation from state and local health departments, the state government agencies identified as stakeholders in the slides for the November 14, 2013 Stakeholders meeting did not include the Illinois Department of Public Health (IDPH) nor the University of Illinois at Chicago Division of Specialized Care for Children (DSCC). Similarly, the attendants at the October 18, 2013 Kick-Off meeting did not include IDPH, DSCC, any local health departments, any public health advocacy organizations or any academic public health training program. Clearly, the concept paper cannot reflect public health's contribution if public health practitioners have not been part of the discussion.

Our comments will focus on the second and third sections of the concept paper: delivery system transformation and building the capacity of the health care system for population health management.

It is essential that local health departments are included as members of the integrated delivery systems envisioned in the concept paper. Many of the improvements in population health and the increase in longevity over the last century are the result of public health efforts to improve the environment, control communicable and vaccine-preventable diseases and promote the health of mothers and children. The value of local public health departments was overlooked in the Illinois Department of Healthcare and Family Services recent Request for Proposals to implement Accountable Care Entities to serve the "Family Health" population. This oversight should not be repeated in subsequent reform efforts along the Path to Transformation.

Local health departments provide services to improve the health of the people in their jurisdiction. To improve perinatal and early childhood health, they offer reproductive health care

services, genetic screening and counseling, care coordination of pregnant women and infants, monitoring and follow-up of high-risk newborns, nutrition education, breast feeding instruction, immunizations (both pediatric and adult), developmental screenings, testing for and remediation of childhood lead poisoning, school physicals, and vision and hearing screening. To address communicable diseases, they offer testing and counseling for HIV and treatment of sexually-transmitted infections and tuberculosis, as well as investigation and control of disease outbreaks. To prevent and control chronic diseases, they monitor glucose, hemoglobin, hypertension and cholesterol levels, promote smoking cessation, screen and counsel patients regarding Body Mass Index and weight management, and provide chronic disease care coordination (including diabetes and arthritis). Many local health departments also provide breast and cervical cancer screening and case management as well as behavioral health care.

Local health departments have been providing these and other services to low-income, Medicaid-eligible women and children for many years. They are established, well-known, culturally-competent providers that are trusted by low-income and Medicaid-eligible women and children. They have experience supporting primary care providers by ensuring continuity of care and linking people to a wide array of community service providers, including specialized health care, behavioral health and other human services. The path to transformation and the development of integrated care systems must include public health expertise in order to be successful.

Preventing chronic diseases is the key to controlling health care costs. Just as the concept paper has proposed the use of Medicaid funds for supportive housing and employment for vulnerable populations (a significant departure from traditional thinking on health insurance but an appropriate strategy for addressing some of the social determinants of health), Medicaid resources should also be directed to chronic disease prevention and control strategies that rely on changes in policy (e.g., bans on smoking indoors), systems (e.g., changes in school menus to increase access to healthy foods), or the environment (e.g., adding sidewalks to make it safer for children to walk to school) as broad-based

approaches to increasing physical activity, promoting healthy diets, reducing obesity and preventing chronic disease.

The concept paper refers to the community health assessment provisions in the Affordable Care Act and identifies both health departments and hospitals as important participants in this endeavor. Illinois' local health departments have nearly two decades of experience – more than any other sector of the community health care delivery system -- in community health needs assessment. Following any of several models, they convene local stakeholders to examine local data on leading causes of death, disease and disability and formulate local strategies for health promotion and disease prevention. The development of a coordinated and collaborative approach to community needs assessment through a partnership among consumers; local public health, in-patient, primary and specialty care and health benefit providers; and providers of other human services, as described in the concept paper and in the draft State Health Care Improvement Plan, should be pursued.

The transformation of Illinois' healthcare delivery system, and especially the Medicaid program, must include an investment in local public health infrastructure, including the capacity for epidemiology, for carrying out core public health functions<sup>1</sup> and providing essential public health services.<sup>2</sup> Non-categorical support from state and local governments for local public health capacity has eroded over the last several decades, significantly constraining Illinois' public health system. A pro-rated share of the

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<sup>1</sup> Institute of Medicine, Division of Health Care Services, Committee for the Study of the Future of Public Health. (1988). *The Future of Public Health*. Washington, D.C.: National Academy Press. The core functions of public health were identified as assessment, policy development and assurance.

<sup>2</sup> Roper, WL; Baker, EL; Dyal, WW; Nicola, RM. (1992). Strengthening the Public Health System. *Public Health Reports*, 107(6):609-15, November-December. The 10 Essential Services are of monitoring health status to identify and solve community health problems; diagnosing and investigating health problems and health hazards in the community; informing, educating, and empowering people with regard to health issues; mobilizing community partnerships and actions to identify and solve health problems; developing policies and plans that support individual and community health efforts; enforcing laws and regulations that protect health and ensure safety; linking people to needed personal health services and assuring the provision of health care when otherwise unavailable; assuring a competent public and personal health care workforce; evaluating the effectiveness, accessibility, and quality of personal and population-based health services; and conducting research to discover new and innovative solutions to health problems;

cost of local public health infrastructure should be included as a part of the overall cost of administering Illinois' Medicaid program.

The concept paper correctly includes improvement in population health as a part of its overall vision for a transformed health care system. Local health departments, by definition, are concerned with the improvement of population health and the development of systems of care which make the achievement of that goal possible. Local health departments, as population-based community institutions, have responsibilities that cross payer source, income or any other socio-demographic characteristic. The health care delivery system cannot be fully transformed to improve population health without the participation of local public health departments.

The Path to Transformation affords an unprecedented opportunity to create a truly population-focused, prevention-oriented, integrated delivery system that bridges the gaps between public health and clinical medical practice. But this system cannot be transformed and the unfortunate and unnecessary divide between public health and clinical medicine cannot be bridged if state and local public health authorities are not explicitly included at every step and at every level in the effort to eliminate disparities and promote health equity.